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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

P05468US1

First Named Inventor

MARANAS, COSTAS D., et al

COMPLETE IF KNOWN

Application Number

/

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR MODELING CELLULAR METABOLISM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **27407** OR ☐ Correspondence address below

Name

Address

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **COSTAS D.**

Family Name
or Surname **MARANAS**

Inventor's
Signature *Costas D. Maranas*

Date **1/10/02**

Residence City **PORT MATILDA**

State **PA**

Country **USA**

Citizenship **USA**

Mailing Address **208 THORNDALE ROAD**

City **PORT MATILDA**

State **PA**

ZIP **16870**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **ANTHONY P.**

Family Name
or Surname **BURGARD**

Inventor's
Signature *Anthony P. Burgard*

Date **1/10/02**

Residence City **STATE COLLEGE**

State **PA**

Country **USA**

Citizenship **USA**

Mailing Address **10 VAIRO BOULEVARD, APT. 2190**

City **STATE COLLEGE**


State **PA**

ZIP **16803**

Country **USA**

☐ Additional inventors are being named on this _____ Supplemental Additional Inventor(s) sheet(s) PTO/SB/D2A attached hereto.

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PTO/SSB/1 (10-00)

Approved for use through 10/31/2002, GME 0551-0335

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	MARANAS, COSTAS D., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05468US1

I hereby appoint:

☒ Practitioners at Customer Number

27407

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☐ Practitioner(s) named below:

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State

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Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SSB/195).

SIGNATURE of Applicant or Assignee of Record

Name

COSTAS D. MARANAS

Signature

Date


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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	MARANAS, COSTAS D., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05468US1

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I am that:

☒ Applicant/Inventor.

☐ Assignee or record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

ANTHONY P. BURGARD

Signature

Anthony P. Burgard

Date

1/10/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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